

PLANNING STRATEGICALLY: CIVIL RIGHTS IN WASHINGTON STATE
DECEMBER 1-3, 2004
SHERATON TACOMA HOTEL
1320 BROADWAY PLAZA

REGISTRATION

First Name:

Last Name:

Address:

City:

State:

Zipcode:

Phone:

Email Address:

Fax Number:

REGISTRATION: \$175.00 before October 15th. After October 15th, registration will be \$200.00.
Payments must be received by November 15th. Please pay by check or use a purchase order. We cannot accept credit cards or cash payments. You can register online at <http://hum.wa.gov>

- ☐ My Payment is enclosed.
- ☐ I have registered via the internet and will mail my check.
- ☐ Please bill me or my agency, using the following purchase or field order number (enclose if you are registered by mail):

CONCURRENT SESSIONS: Each concurrent session is limited to **50** participants. Sessions will be filled on a first-registered, first-served basis. Therefore, please rank all sessions in order of interest, with "1" as your first choice.

- Housing
- Employment
- Public Accommodation/Transportation
- Education
- Emerging Issues (Income, Literacy, Digital Divide, Access to Justice, Affirmative Action)

A block of rooms has been reserved at the Sheraton Tacoma at the rates of \$79 single, \$99 double. To ensure this conference rate, **please register by November 9th**. After November 9th, rooms and this rate will be subject to availability. To make your reservation, call 253/572-3200 or 1/888/627-7044 and reference the Civil Rights Conference.

The room block includes wheelchair accessible rooms as well as rooms to accommodate guests who are visually impaired or blind. Assistive technology devices for guests who are hard of hearing or deaf are also available. When you make your reservation, inform the Sheraton Tacoma of any reasonable accommodation you will need. We will monitor the hotel rooming list to ensure that requested accommodations are provided. If you are staying at the hotel, please indicate below what accommodation(s) you requested at the time you registered.

Please also specify on this registration form any other accommodation(s) you will need and any dietary restrictions.

I will need the following accommodations:

I have the following dietary restrictions:

Tables will be available for participants to display informational materials about their agencies or organizations. Please indicate below whether you would like to reserve table space.

☐

Yes, please reserve table space.

☐

No, I will not need table space.

Your completed registration form can be sent to:

**Debbie Ralph
Washington State Human Rights Commission
PO Box 42490
Olympia, WA 98504-2490
FAX: 360/586-2282**

*This registration can be provided in alternate format and may also be accessed @
<http://www.hum.wa.gov>*